



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No. 09/531,607

Filing Date 03/21/2000

First Named Inventor Saha

Examiner Name T.V. Mai

Group Art Unit 2124

Attorney Docket No. A-67740/RMA/JML

ENCLOSURES (check all that apply)

☐ Fee Transmittal Form

☒ Fee Attached

Additional Claims \$104

☒ Amendment / Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Supplemental Information Disclosure Statement; PTO 1449

☐ Certified Copy of Priority Document(s)

☐ Express Abandonment Request

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, No. of CD(s) _____

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):

■ CHECK #300871 (\$104)

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AMENDMENT FEE CALCULATION

EXTRA CLAIM FEES

Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee	Additional Fee
Total 40	- 39	= 1	x 86	= \$86
Indep. 6	- 5	= 1	x 18	= \$18
First Presentation of Multiple Dependent Claim				x =
Total				\$104

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

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18 Dec. 2003

CERTIFICATE OF MAILING

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